THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

Name Buffalo Wild Wings	Date	05/21/2018	Type of Operation(s)	Type of Inspection
Address 15 South Ave., BURLINGTON, MA 01803	Risk	Level	⊠ Food Service □ Retall	Re-Inspection
Telephone (781) 365-1907			Residential Kitchen Mobile	Previous Inspection Date: 11/21/2017
Owner Pat Lennox	HAC	P	☐ Temporary ☐ Caterer	☐ Pre-operation ☐ Suspect Illness
Person In Charge (PIC) Brad Hodgson	Time	10:00 AM	Bed & Breakfast	Generel Complaint HACCP
Inspector Samantha Hardy	Out:		Permit No.	Other
Each violation checked requires an explanation on th	e narrativ	e page(s) a	and a citation of specific	provision(s) violated.
Violations Related to Foodborne Illness Interventions			Red Items)	Non-compliance with:
Violations marked may pose an Imminent health hazard and action as determined by the Board of Health.				590.009 (F)
PROTECTION FROM CHEMICALS		☐ 11, Goo	d Hygienic Practices	
[] 0. Chemical-Test		☐ 12. Prev	vention of Contamination fro	om Hands
FOOD PROTECTION MANAGEMENT		🔲 13. Han	dwash Facilities	
1. PIC Assigned / Knowledgeable / Duties		PROTECTI	ON FROM CHEMICALS	
EMPLOYEE HEALTH		🛮 14. Арр	roved Food or Color Additiv	/es
☐ 2. Reporting of Diseases by Food Employee and PIC		☐ 15 Toxi	c Chemicals	
3. Personnel with Infections Restricted/Excluded		TIME/TEMP	PERATURE CONTROLS (PH	Fs)
FOOD FROM APPROVED SOURCE		🖺 16. Coo	king Temperatures	
4 Food and Water from Approved Source		□ 17. Reh	eating	
5. Receiving/Condition		☐ 18. Coo	ling	
6. Tags/Records/Accuracy of Ingredient Statements		☐ 19. Hot	and Cold Holding	
		[] 20. Time	As a Public Health Contro	ı
PROTECTION FROM CONTAMINATION		_	ENTS FOR HIGHLY SUSCE	
3. Separation/Segregation/Protection		(HSP)		
☐ 9. Food Contact Surfaces Cleaning and Sanitizing		☐ 21. Food	d and Food Preparation for	HSP
10. Proper Adequate Handwashing			R ADVISORY	
		22 Post	ing of Consumer Advisories	3
Violations Related to Good Retail Practices (Blue Item Critical (C) violationa marked must be corrected immediate			f Violated Provisions R	
or within 10 days as determined by the Board of Health. No	on-		orne Illnesses Intervent Factors (Red Items 1-22	
critical (N) violationa must be corrected immediately or				
vithin 90 days as determined by the Board of Health.			rder for Correction: Bas	
C N 23. Management and Personnel 590,0	202	Food Code	nocked indicate violations o . This report, when signed t	of 105 CMR 590.000/federal
23. Management and Personnel 590.0 24. Food and Food Protection 590.0		member or	its agent constitutes an ord	er of the Board of Health.
X 25. Equipment and Utensils 590.0		Feilure to co	orrect violations cited in this	s report may result in
26. Water, Plumbing, and Waste 590.6	006	suspension	or revocation of the food e f food establishment operal	stablishmont permit and
X 27. Physical Facility 590.0			ave a right to a hearing. Yo	
28. Poisonous or Toxic Materials 590.0		writing and	submitted to the Board of F	lealth at the above address
29. Special Requirements 590.0 30. Other BOH Regulat		within 10 da	ys of recelpt of this order,	
X 31. Grease Trap BOH Regulat		DATE OF R	E-INSPECTION: 06/05/20	018
Inspector's Signature:	Print: S	amentha Hei	rdv	
Inspector's Signature:				Page 1 of 2 Pages
	Print: Bi	e d Hodgson		

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Establishment Nama: Buffalo Wild Wings Date: 05/21/2018 Page: 2 of 2

itam No.	Code Raferenca	C - Critical Itam R - Red Item	DESCRIPTION OF V	VIOLATION / PLAN OF CORRECTION				
25	FC 4-602.13		Glass chillers at bar have broka	glass at bottom, claan.	Verified			
27	FC 6-501.12		Floors and aquipment under fria	e, clean.				
27	FC 6-202.11		Light shiald in back storage area					
31	Gr. Trap Reg. D		og not updated, last invoica 3/9/18, provida updated log sheet.					
Discussion With Person in Charge:				Corrective Action Required:	Yes			
			F, chicken breast 37F, baaf patty nployaa restroom in compliance.	☐ Voluntary Compliance	☐ Employee Ras Exclusion	triction /		
Dishwasher: wash 156F, rinse 182F. Threa bay test strips present. Bar three bay sanitizer 100ppm CL. Bar dishwashar 50ppm CL.				Re-Inspaction Schedulad Re-Inspace Schedulad	☐ Emergency Su	spension		
out damaest rooppin oe. But distrivastial ooppin oe.		ppm oc.	☐ Embargo ☐ Emergency		Closure			
				☐ Voluntary Disposal	☐ Other:			

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BURLINGTON BOARD OF HEALTH

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FOOD ESTABLISHMENT INSPECTION REPOR	T						
Name Buffalo Wild Wings	Date	06/11/2018	Ту	pe of Oper	ation(s)	Type of Ins	pection
Address 15 South Ave., BURLINGTON, MA 01803	Risk 2	Level				☐ Routine ☑ Re-inspe	ection
Telephone (781) 365-1907	7			Mobile	al Kitchen	Previous ins Date: 05/21	
Owner Pat Lennox	HAC	CP		Temporar Caterer	У	☐ Pre-oper	
Person In Charge (PIC) Brad Hodgson	Time		H		=	☐ Suspect☐ General ☐ HACCP	
inspector Samantha Hardy	In: Out:	3:45 PM 4:00 PM	Pe	rmit No.		Other_	
Each violation checked requires an explanation on th	e narrativ	re page(s) a	and	a citation	of specific	provision(s) violated.
Violations Related to Foodborne Illness Interventions	and Risk	Factors (F	led	Items)	No	n-compliance	with:
Violations marked may pose an imminent health hazard at action as determined by the Board of Health.	nd require	immediate	COIT	ective	Anti-Choking Tobecco Allergen Awa	•	590.009 (E) [590.009 (F) [590.009 (G) [
PROTECTION FROM CHEMICALS		📋 11. Goo	d Hy	gienic Pra	ctices		
O Chemical-Test		☐ 12. Prev	enti	on of Conta	amination from	n Hands	
FOOD PROTECTION MANAGEMENT		🔲 13. Han	dwa	sh Facilitie	S		
1. PIC Assigned / Knowledgeable / Dutles		PROTECTI	ON F	ROM CHE	MICALS		
EMPLOYEE HEALTH		☐ 14. Appr	ove	d Food or (Color Additive	S	
2. Reporting of Diseases by Food Employee and PIC		☐ 15. Toxic	: Ch	emicals			
3 Personnel with infections Restricted/Excluded		TIME/TEMP	ERA	TURE CON	ITROLS (PHFs	3)	
FOOD FROM APPROVED SOURCE		☐ 16. Cool	king	Temperatu	ies		
☐ 4. Food and Water from Approved Source		☐ 17. Reh	eatin	19			
☐ 5 Receiving/Condition		☐ 18. Cool	ing	_			
☐ 6 Tags/Records/Accuracy of Ingredient Statements		□ 19. Hot a	and i	Cold Holdir	3 0		
☐ 7 Conformance with Approved Procedures/HACCP Plans					ealth Control		
PROTECTION FROM CONTAMINATION					HLY SUSCEPT	TIRLE POPUL	ATIONS
☐ 8. Separation/Segregation/Protection		(HSP)				TIDEL TOT OF	ATIONS
9. Food Contact Surfaces Cleaning and Sanilizing		☐ 21. Food	and	i Food Pre	paration for H	SP	
10. Proper Adequate Handwashing		CONSUMER	R AD	Visory			
· · · · · · · · · · · · · · · · · · ·		☐ 22. Posti	ng c	of Consume	er Advisories		
/iolations Related to Good Retall Practices (Blue Items Critical (C) violations marked must be corrected immediate	s)				visions Rel		
or within 10 days as determined by the Board of Health. No critical (N) violations must be corrected immediately or	n-				s Interventio Items 1-22):		0
within 90 days as determined by the Board of Health.		Official Or	der	for Corre	ction: Based	i on an inspe	ction today
CN		the items ch	ieck	od indicate	violations of	105 CMR 590	0.000/federel
23. Management and Personnel 590.0		Food Code.	Thi	s report, wh	en signed be	low by a Boa	rd of Health
24. Food and Food Protection 590.0 25. Equipment and Utensils 590.0		Failure to co	orroc	geni consu t violations	tutes en order cited in this r	enort may re	f of Health.
25. Equipment and Utensils 590.0 26. Water, Plumbing, and Waste 590.0		suspension	OF TE	vocation o	f the food esta	ablishment pe	ormit and
27. Physical Facility 590.0		cessation of	foo	d establish:	ment operatio	ns. If aggrlev	od by this
28. Poisonous or Toxic Materials 590.0	08	writing and	ave subn	a right to a	hearing. You Board of He	r request mus	st be in
29. Special Requirements 590.0		within 10 da	ys o	f receipt of	this order.	ann at the qD	ove address
30. Oliher BOH Regulati 31. Grease Trap BOH Regulati		DATE OF R					
31. Grease Trap BOH Regulati	on				-		
Inspector's Signeture:	Print: Sa	amanthe Her	dv				
rispector's Signeture:						Page 1 of	2 Pages
and the same	Print: Br	ed Hodgson					

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

Estab	stabilshment Name: Buffalo Wild Wings		Date: 06/11/2018 Page:	2 of 2
item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discu	Discussion With Person in Charge:		Corrective Action Required: ⊠ No	/es
All vid	All violations corrected.		☐ Voluntary Compliance ☐ Employee Resi	triction /
			☐ Re-Inspection Scheduled ☐ Emergency Su	spension
			☐ Embargo ☐ Emergency Clo	enuac
			☐ Voluntary Disposal ☐ Other:	

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803 Ph: (781) 270-1955 • Fax: (781) 273-7687

Date	11/14/2018	Type of Opera		Type of In		
Risk I	Level			⊠ Routine □ Re-inspection		
2			al Kitchen	Previous i		
		☐ Mobile		Date: 06/		
HACC	P	☐ Temporary	У	☐ Suspec	t Iliness	
Time	5:05 DM	□ Bed&Bre 	akfast	☐ Genera		
Out:	6:00 PM	Permit No.		Other		
narrativ	e page(s)	and a citation	of specific	provision	(s) violated.	
and Risk	Factors (F	Red Items)			cs with:	
d require	Immediate	corrective	Anti-Chokin	9	590.009 (E) 590.009 (F) 590.009 (G)	
			Allergen Aw	areness	590.009 (Ġ) 🗀	
	□ 11 Goo	nd Hyginnic Prac	ctices			
	_			m Hands		
	Land			III THOUGA		
				20		
			COIOL MODITIVE	35		
				. ,		
			1	s)		
	_		ires			
	17. Reh	eating				
	☐ 18. Coc	oling				
	🔲 19. Hot	and Cold Holdi	ng			
	☐ 20. Time	e As a Public H	ealth Control			
		MENTS FOR HIG	HLY SUSCEP	TIBLE POP	ULATIONS	
		1 15 16	-41 4- 1	UDD.		
			paration for i	751		
	☐ 22. Pos	ting of Consum	er Advisories			
3)	Number	of Violated Pr	ovisions Re	elated		
ly					0	
n-	and Risk	Factors (Red	Items 1-22):		
	Official O	rder for Corre	ection: Base	ed on an ins	spection today.	
	the Items of	hecked indicate	e violetions o	f 105 CMR	590.000/federa	
003	Food Code	e. This report, w	hen signed b	elow by a E	Boerd of Health	
04						
005						
	cessation	of food establish	nment operat	ions. If agg	rieved by this	
009				ieaith at the	e above address	
ion		•				
ion	DAIEUF	INCHINOPEO IIC				
	Risk I 2 HACC Time In: Out: narrative and Risk drequire 103 104 105 106 107 108 109 100 100 100 100 100 100 100 100 100	Risk Level 2 HACCP Time In: 5:05 PM Out: 6:00 PM narrative page(s): and Risk Factors (Formula in the second in	Risk Level 2 Retail Residential Mobile Temporary Caterer Bed & Bree In: 5:05 PM Out: 6:00 PM Permit No. HACCP	Risk Level 2 Retail Residential Kitchen Mobile Temporary Caterer Bed & Breakfast Time In: 5:05 PM Out: 6:00 PM Permit No. Nati-Chokin Tobacco Allergen Aw Anti-Chokin Tobacco Allergen Aw Provisions Residential Kitchen Mobile Temporary Caterer Bed & Breakfast Permit No. 11. Good Hygienic Practices	Risk Level Retail Re-insy Previous in Date: 06/ HACCP Temporary Pre-op Caterer Bed & Breakfast HACCI Other In: 5:05 PM Out: 6:00 PM Out: 6:00 PM Permit No. Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. Other In: 5:05 PM Out: 6:00 PM Permit No. In: 5:05 PM Permit No. In: 5:05 PM Permit No. In: 6:00 PM Permit No.	

Print: Irwin Edwards

PIC's Signsture:

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Establishment Name: Buffaio Wild Wings Date: 11/14/2018 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item		ON OF VIOLATION / PLAN OF CORRECTION						
25	FC 4-501.11	Warewash thermometer reading final rinse 103F, strip turned with minimum surface temp. of 160F, repair/replace. Ticket put in for repair on site.								
	Discussion With Person in Charge:			Corrective Action Required:	□No ⊠	Yes				
Temperatures in compilance: cut tomato 41F, chili 58F, cut tomato 41F, chicken wings 37F, fries 180F, wings 203F, chicken tender 147F, cheese between packages 41F, cooked chicken 38F. Warewash: wesh 166F,			hicken tender 147F, cheese . Warewash: wesh 166F	☐ Voluntary Compliance ☐ Re-Inspection Scheduled	☐ Employee Res Exclusion ☐ Emergency Su					
Handsinks in compliance. Employee restrooms in compliance.		ms in compliance.	☐ Embargo	☐ Emergency Closure						
			☐ Voluntary Disposal	Other: As note	d					

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 • Fax: 781-273-7687 Food Establishment Inspection Report Name: Buffalo Wild Wings Date 05/28/2019 Type of Operation(s): Typo of Inepection: ☑ Food Service Establishment Routine Addrese: 15 South Ave., BURLINGTON, MA 01803 Risk Levet Retell Food Store Re-inspection Residential: Cottage Foods Telephone: (781) 365-1907 □ Pre-operational Residential: Bed & Breakfast ☐ Illness Investigation Owner: Pat Lennox ☐ Mebile/Pushcert ☐ Generel Compleint HACCP N Temporary Food Estab. □ HACCP Person-In-Charge: Brad Hodgson □ Other ☐ Other _ Time in: 8:45 AM Inspector: Samanthe Hardy Out: 10:15 AM Number of Violated Provisiens Related to Date of Re-Inspection: Number of Repeal Violations Related to O Foodbome Illnesses Risk Fectors end Foodbome Illnesses Risk Factors end Interventions (Items 1 though 29): Interventions (Items 1 though 29): FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in compilance OUT = out of compilence N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation Compliance Status IN OUT N/A N/O COS R Compliance Status IN OUT N/A N/O COS R Supervision Protection from Contamination Person-in-charge present, demonstrates 15 Food separated and protected (IN) OUT N/A N/O (IN) OUT knowledge end performs duties Food-contact surfeces: cleaned & sanitized IN (OUT) N/A Х 2 Certified Food Protection Manager (IN) OUT N/A Proper disposition of returned, previously IN OUT Employee Health served, reconditioned & unsafe food Menagement, food employee end conditional Time/Temperature Control for Safety 3 employee; knowledge, responsibilities and (N) OUT 18 Proper cooking time & temperetures reporting IN OUT N/A (N/O) Proper use of restriction and exclusion 19 Proper reheating proceduree for hot holding IN OUT N/A (N/O (N) OUT Procedures for responding to vomiting and 20 Proper cooling time and temperature OUT N/A (N/O) (IN) OUT diarrheal events 21 Proper het holding tempereture IN. OUT N/A (N/O) Good Hygienic Practices Proper cold holding tempereture (IN) OUT N/A NO Proper eeting, tasting, drinking or tobacco 6 (N) OUT N/O use 23 Proper date marking and disposition AN TUO (NI) N/O No discharge from eyes, nose end mouth TUO (NI) N/O 24 Time as a Public Health Control IN OUT (N/A) N/O Preventing Contamination by Hands Consumer Advisory 8 Hands cleen & properly washed Consumer advisory provided for (IN) OUT N/O IN OUT (N/A) raw/undercooked food No bare hand contect with ready-to-eat food (IN) OUT N/A N/O Highly Susceptible Populations Adequate handwashing sinks, properly 10 TUO (NI) Pesteurized foods used, prohibited foods supplied and accessible IN OUT (N/A) not offered **Approved Source** Food/Color Additives and Toxic Substances 11 Food obtained from approved source TUO (NI) 27 Food additives: epproved & properly used IN OUT (N/A) 12 Food received at proper temperature (N) OUT N/A N/O Toxic substances properly identified, stored (IN) OUT N/A Food received in good condition, safe & & usod 13 TUO (NI) unaduiteraled Conformance with Approved Procedures Required records available: shellstock tags, Compliance with veriance/specialized IN OUT (N/A) N/O 29 process/HACCP plan IN OUT (N/A) perasite destruction Official Order for Correction: Based on an inspection todey, the Items marked "OUT" indicated violetiens of 105 CMR 590,000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, rovocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B). Signeture of Person-in-Chargo: Brad Hodgson Date: 05/28/2019

Date: 05/28/2019

Signaturo of Inspector: Samantha Hardy

ablishment: Buffalo Wild Wings					Date: 05/28/2019 Pa	1e 2 of	3	_		
	ICES	AND	M	ΔSS				_		
						repeat	violatio	on		
Compliance Status	OUT	cos	R		Compliance Status	OUT	cos	s		
Safe Food and Water					Utensils, Equipment and Vending			_		
Pesteurized eggs used where required				48	Wareweshing fecilities: Installed, meIntained & ussed; test strips			T		
Water & ice from approved source				49	Non-food contact surfeces cleen			†		
Varience obtained for specialized processing methods					Physical Facilities	-		_		
Food Temperature Control				50	Hot & cold weter aveilable; adequete pressure			T		
Proper cooling methods used; adequate equipment				51	Plumbing Installed; proper backflow devices			1		
			_	52			<u> </u>	1		
		\vdash	_	53	Ioliet facilities: properly constructed, supplied & deaned					
				54	Garbage & refuse properly disposed; fecilities maintained			T		
Thermometers provided & accurate Food Identification Food properly labeled; original container			55	Physical facilities Installed, maintelned & clean			†			
				56	Adequete ventilation & lightling; designeted ereas			t		
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011					
nsects, rodents & animals not present				М1	Anti-choking procedure in food service establishments			T		
Contemination prevented during food preparation, storage end display					M2				1	
Personal cleanliness					Review of Retail Operations listed in 105 590.010					
Wining cloths: properly used & stored				МЗ	Caterer			1		
		-	_	M4	Mobile Food Operation					
		\Box		M5	Temporary Food Establishment					
Proper Use of Utensils		,		М6	Public Market; Farmers Market			T		
In-use utensils properly stored				M7	Residential Kitchen; Bed-and-Breakfast Operation			T		
Utensils, equipment & linens: properly stored, dried & hendled				M8 Mg	Residential Kitchen: Cottage Food Operation		\vdash	_		
Single-use/single-service articles: properly stored &				M10	Leesed Commercial Kitchen			†		
			-	M11						
			\dashv							
Food & non-food contact surfaces cleeneble, properly designed, constructed & usod				L1 L2	CFPM open to close Grease Trep Regulations	X	X	+		
	Compliance Status Safe Food and Water Pesteurized eggs used where required Water & ice from approved source Varience obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Prevention of Food Contamination Insects, rodents & animals not present Contemination prevented during food preparation, storage end display Personal cleanliness Wiping cloths: properly used & stored Washing fruits & vegetebles Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored, dried & hendled Single-use/single-service articles: properly stored & used Glyoes used properly Utensils, Equipment and Vending	GOOD RETAIL PRACTICES "X" in bex indicates numbered itom is not in compliance. An "X" in a Compliance Status Safe Food and Water Pesteurized eggs used where required Water & ice from approved source Varience obtained for specialized processing methods Food Temperature Control Proper coolling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Prevention of Food Contamination Insects, rodents & animals not present Contemination prevented during food preparation, storage end display Personal cleanliness Wiping cloths: properly used & stored Washing fruits & vegetebles Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored, dried & hendled Single-use/single-service articles: properly stored & used Givoes used properly Utensils, Equipment and Vending	GOOD RETAIL PRACTICES AND "X" in bex indicates numbered itom is not in compliance. An "X" in approprious Safe Food and Water Pesteurized eggs used where required Water & ice from approved source Varience obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Prevention of Food Contamination Insects, rodents & animals not present Contemination prevented during food preparation, storage end display Personal cleanliness Wiping cloths: properly used & stored Washing fruits & vegetebles Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored, dried & hendled Single-use/single-service articles: properly stored & used Glyoes used properly Utensils, Equipment and Vending	GOOD RETAIL PRACTICES AND M. 1"X" in bex indicates numbered itom is not in compliance. An "X" in appropriate Compliance Status OUT COS R Safe Food and Water Pesteurized eggs used where required Water & ice from approved source Varience obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Prevention of Food Contamination Insects, rodents & animals not present Contemination prevented during food preparation, storage end display Personal cleanliness Wiping cloths: properly used & stored Washing fruits & vegetebles Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored, dried & hendled Single-use/single-service articles: properly stored & used Glyoes used properly Utensils, Equipment and Vending	GOOD RETAIL PRACTICES AND MASS Table indicates numbered itom is not in compliance. An "X" in appropriate box Compliance Status OUT COS R Safe Food and Water Pesteurized eggs used where required 48 Water & ice from approved source 50 Varience obtained for specialized processing methods 50 Proper cooling methods used; adequate equipment for temperature control 51 Flant food properly cooked for hot holding 53 Approved thawing methods used 54 Thermometers provided & accurate 54 Food Identification 55 Provention of Food Contamination 56 Prevention of Food Contamination 56 Presonal cleanliness 56 Washing fruits & vegetebles 57 Proper Use of Utensils 58 Mashing in utensils properly stored 58 Mashingle-use/single-service articles: properly stored 8 Minuse used properly Utensils, Equipment and Vending 51 Lase 50 Lase 60 Lase 60 Lase 71 Lase 72 Lase 73 Lase 74 Lase 74 Lase 74 Lase 75 Lase	GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS "X" in bex indicates numbered liton is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/for R = Compliance Status Safe Food and Water Pesteurized eggs used where required Water & ice from approved source Verience obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Prevention of Food Contamination Insects, codents & animals not present Contemination prevented during food preparation, storage end display Personal cleanliness Wiping cloths: properly used & stored Washing fruits & vegetables Proper Use of Utansils In-use utansils properly stored Winsuls, equipment and Vending Mall classes Commercial Kitchen; Cottage Food Operation Mall Innovetive Operation Mil Innovetive Operation	GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS 'X' in bex indicates numbered litors is not in compliance. An 'X' in appropriate box for COS = corrected on site during the inspection and/or R = repeal* Compliance Status OUT Safe Food and Water Utensils, Equipment and Vending Pesteurized eggs used where required 48 Wareveshing fecilities: installed, meintained & ussed; test strips Food Temperature Control 50 Hot & cold wefer available; adequate pressure Froper cooling methods used; adequate equipment for lamperature control 51 Plumbing installed; proper backflow devices for lamperature control 52 Sewage & waste water properly disposed 53 Toilet facilities: properly disposed 64 Garbage & refuse properly disposed; facilities maintained 65 Physical facilities: properly disposed; facilities maintained 65 Physical facilities installed, maintained 65 Physical facilities properly disposed; facilities maintained 65 Physical facilities installed, maintained 65 Physical facilities installed 65 Physical facil	GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS 'X' in box indicates numbered flom is not in compilance. An 'X' in appropriate box for COS = corrected on site during the inspection and/or f = repeat violation. Compilance Status Compilance Status Out COS R Compilance Status Out Cos Safe Food and Water Utensils, Equipment and Vending Water & ice from approved source Varience obtained for specialized processing methods Frood Temperature Control Froper cooling methods used; adequate equipment for temperature control Froper cooling methods used; adequate equipment for temperature control Flant food properly cooked for hot holding Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Frevention of Food Contamination Insects, rodents & animals not present Contemination prevented during food preparation, storage and display Personal cleanlines Proper Use of Utensils Frood Properly used & stored Mashing fruits & vegetables Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored & used Utensils, equipment & linens: properly stored & used Mith linense: properly stored Utensils, equipment & linens: properly stored & used Utensils, equipment and Vending Utensils, Equipment and Vending Utensils, Equipment and Vending Out Cost Compliance Status Utensils, Equipment and Vending Utensils, Equipment and Vending Utensils, Equipment and Vending Out Cost Compliance Status Proper dead where required busines is stated as used Utensils, equipment and Vending Utensils, Equipment and Vending		

Signature of Person-in-Charge: Brad Hodgson	Date: 05/28/2019
Signature of inspector: Samantha Hardy	Date: 05/28/2019

No grease log on site, provide updated log. COS

Establish	stablishment: Buffalo Wild Wings			Date: 0	5/28/2019 F	Page 3 of 3
			TEMPERATURE OBSERVA	ATIONS		
	item/Location	Temp	Item/Location	Temp	item/Location	Temp
corn/Cold-Hold Unit		41°F	Beef/Cold-Hold Unit	38°F	Chicken/Cold-Hold Unit	
cut t	ometo/Cold-Hold Uni	t 38°F	Chicken/Walk-In Cooler	41°F		
item lumber	Section of Code		Descrip	tion of Violatio	n	
16	4-601.11	Knives stored soiled	in holder, clean and sanitize knives	and holder. Ret	rain staff to store only cloan kr	nives in holder.

L2 Burlington Board of Health Regulations No g			
	L.2	Burlington Board of Health Regulations	No grease
	Discussi	on with Person-in	-Charge:

Signature of Person-In-Charge: Brad Hodgson

Date: 05/28/2019

Signature of inspector: Samantha Hardy Date: 05/28/2019

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

Food Establishment Inspect Name: Buffalo Wild Wings	ion Report		D-4-	. 0:	7/04/0040	T			
Name: Buttaio vviid vvings						Type of Operation(s):	Type of Inspection:		
Addresa: 15 South Ave., BURLINGTON, MA	01803		Risk	(Le	evel 2	☐ Food Service Establishment ☐ Retail Food Store ☐ Residentials Contage Foods ☐ Residentials Contage Foods	Re-inspection		
Telephone: (781) 365-1907						Residential: Cottage Foods Residential: Bed & Breakfas			
Owner: Pat Lennox			1137,001 11		PN	☐ Mobile/Pushcart ☐ Temporary Food Estab.	☐ General Complaint☐ HACCP		
Person-in-Charge: Denis Skorik			Time In:	₿	2:00 PM	☐ Other	Olher		
Inspector: Mariene Johnson			Out	:	3:15 PM				
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29):	5 Food	borne	Illne	ess	et Violations ses Risk Fac ns 1 though	tors and	Date of Re-Inspection: 08/01/2019		
FOODBORNE IL						IC HEALTH INTERVENTION			
IN = In compliance OUT = out of compliance	N/O = not observed	N/A	Λ = Γ	ot	applicable C	OS = corrected on-site during ins	pection R = repeat violation		
Compliance Status	IN OUT N/A N/C	COS	R			Compliance Status	IN OUT N/A N/O COS R		
Suparvision			-			Protection from Conta	mination		
Person-in-charge present, demonstrates knowledge and performs duties	(IN) OUT			\vdash		rated and protected	(N) OUT N/A N/O		
2 Certified Food Protection Manager	(N) OUT N/A		\vdash	110		act surfaces: cleaned & sanifize	d IN OUT N/A		
Employee Health				17	served, rec	position of returned, previously conditioned & unsafe food	(N) OUT		
Management, food employee and conditional employee; knowledge,	(IN) OUT					Time/Temperature Contro	1		
responsibilities and reporting				Н	+	king time & temperatures	(IN) OUT N/A N/O		
4 Proper use of restriction and exclusion	(N) OUT			\vdash	 	eating procedures for hot holdir	<u> </u>		
5 Procedures for responding to vomiting and diarrheal events	IN OUT			⊢		ling time end temperature	IN OUT (N/A) N/O		
Good Hygienic Pract	icea			12		holding lemperature	(IN) OUT N/A N/O		
Proper enting testing drinking or tobacco				22	-	holding temperature	(N) OUT N/A N/O		
use	IN OUT N/O	-		24	<u> </u>	e merking and disposition Public Health Control	IN OUT (N/A) N/O		
7 No discharge from eyes, nose and mouth	N OUT N/O		L,	F	11110 00 01	Consumer Advise			
Preventing Contamination	by Hands			H	Canalimar	advisory provided for			
8 Hands clean & properly washed	M out N/O	_		25		ooked food	IN OUT (N/A)		
9 No bare hand contact with raady-to-eat food	(IN) OUT N/A N/O	_	_			Highly Susceptible Pop			
Adequate handwashing slnks, properly supplied and accessible	IN OUT	x		26	Pasteurized offered	d foods used, prohibited foods r	IN OUT NA		
Approved Source					1	Food/Color Additives and To	dic Substances		
1 Food obtained from approved source	N OUT			27	Food additi	ves; approved & properly used	IN OUT (N/A)		
2 Food received at proper temperature	IN OUT N/A (N/O			28	Toxic subst	ances properly identified, store	d (N) OUT N/A		
Food received in good condition, sefe & unadulterated	N OUT			_	& used	Conformance with Approve			
Required records available: shellstock tags, parasite destruction	IN OUT NA NO			29	Compliance	with variance/specialized	IN OUT (N/A)		
official Order for Correction: Based on an insection of the 2013 FDA Food Code. This report, whe callure to correct violations cited in this reportstablishment operations. If you are subject to earing before the board of health in accordance	n signed below by ort may result in s a notice of suspen with 105 CMR 590	a Boausper usper sion, 0.015	ard onsion revo (B).	of I	d "OUT" Indi Health memi or revocation	cated violations of 105 CMR 59 ber or its agent constitutes an	order of the Board of Health permit and cessation of foo R 590.000 you may request		
Signature of Person-In-Charge: Denis Skorik	arlene John						Date: 07/24/2019		
ອີເອກature of Inspector: Marlene Johnson	verlane John	<u> </u>		_			Date: 07/24/2019		

MDPH report form - 10/5/18 version

Est							ge 2 of	3	
						ACHUSETTS - ONLY SECTIONS			
Ar			-	_	рох		7		
		OUT	cos	R	_	Complience Status	OUT	cos	i
	An "X" in box indicates numbered item is not in compliance. An "X" in approximate to Compliance Status Compliance Status Safe Food and Water Pasteurized eggs used where required Variance obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for temperature control Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Prevention of Food Contamination Insects, rodents & animals not present Contamination prevented during food preparation, storage and display Personal cleanliness Wiping cloths: properly used & stored Weshing fruits & vegetebles Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored, dried & handled Single-use/single-service articles: properly stored & Single-use/single-service articles: properly stored &					Utensils, Equipment and Vending	,		_
30			-		Warewashing facilities: installed, maintained & user lest strips				
31			\square		49	Non-food contact surfaces clean			Γ
32 Variance obtained for specialized processing methods						Physical Facilities		-	_
	GOOD RETAIL PRACTICES A TX" in box indicates numbered item is not in compliance. An "X" in ap Compilance Status Safe Food and Water Pasteurized eggs used where required Water & ice from approved source Variance obtained for specialized processing methods Food Temperature Control Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used Thermometers provided & accurate Food Identification Food properly labeled; original container Prevention of Food Contamination Insects, rodents & animals not present Contamination prevented during food preparation, storage and display Personal cleanliness Wiping cloths: properly used & stored Weshing fruits & vegetebles Proper Use of Utensils In-use utensils properly stored Utensils, equipment & linens: properly stored, dried & handled Single-use/single-service articles: properly stored & used Glivoes used properly Utensils, Equipment and Vending			_	50	Hot & cold water available; edequate pressure			
	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices			
33					52	Sewage & weste water properly disposed			
34	Plant food properly cooked for hot holding				53	Toilet facilities: properly constructed, supplied & cleaned			
35	Approved thawing methods used				54	Garbage & refuse properly disposed; facilities			T
36	Food Identification 7 Food properly labeled; original container					maintained		-	H
					55	Physical facilities installed, maintained & clean	Х	-	1
37					56	Adequate ventilation & lightling; designated areas used	X		۱
	Food Identification Food properly labeled; original container Prevention of Food Containination Insects, rodents & animals not present Contamination prevented during food preparation,				Additional Requirements listed in 105 CMR 5	90.011		_	
38	<u> </u>				M1	Anti-choking procedure in food service			
39					M2	Food allergy awareness	_		H
40						Review of Retail Operations listed in 105 59	0.010		I
			\vdash	\dashv	МЗ	Caterer			Г
				\dashv	M4	Mobile Food Operation			Γ
42			<u> </u>	\dashv	М5	Temporary Food Establishment			
10				-[M6	Public Market; Farmers Market			Γ
\rightarrow					М7	Residential Kitchen; Bed-and-Breakfast Operation			Γ
					M8	Residential Kitchen: Cottage Food Operation			
	Single-use/single-service articles: properly stored &			_	М9	School Kitchen; USDA Nutrition Program			
	used				M10	Leased Commercial Kitchen			
46	Givoes used properly				M11	Innovative Operation			
	Utensils, Equipment and Vending					Local Requirements			
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used			_	_	CFPM open to close Grease Trap Regulations			
_	and a second second					Orease trap tragalations			

Signature of Person-in-Charge; Denis Skorik

Signature of Inspector: Marlene Johnson

Date: 07/24/2019

MDPH report form - 10/5/18 version

Establishment: Buffalo Wild Wings

Date: 07/24/2019

Page 3 of 3

TEMPERATURE OBSERVATIONS

Item/Location
Temp
Item/Location
Temp
Chiti/Hot-Hold Unit
171F°F
Chicken/Hot-Hold Unit
174F°F

item Number		Description of Violation
5	2-501.11	No vomit & diarrhea clean up procedure found and vomit & diarrhea clean up kit is not fully stocked, provide written procedures and stock clean up kit.
10	6-301.12	No paper towels et hand wash sink located across from walk-in ref. unit, provide at all times. COS
16	4-703.11	PIC said high temp, mechanical dishwasher hasn't been working properly for a week, digital readout shows P3, my thermometer showed final rinse below 160F (test 3 times), repair dishwasher and in meantime hand sanitize using ware wash sink located next to dish washer until unit is fix or replaced.
48		No irreversible temperature indicator (i.e. waterproof, max read thermometer or test strips) as required per new food code, provide. Hot water rinse must be 160F minimum so if using strips ensure you purchase the 160F strips.
55	E E01 13	Heavy soil build up under cooking equipment in kitchen, lime/hard water build up at dishwashing area and soils at hand wash sinks throughout, clean thorough daily to remove soil build up.
56		3 light fixtures found in kitchen without shields, provide.

Discussion with Person-in-Charge: Suspect illness; 3 people ate chicken wings with spicy garlic sauce and honey bourbon sauce on Sunday, 7/21/19 ~ 6:30 PM. Att experienced abdominal cramps, nausoa and loose stools on 7/22/19 ~ 2 AM - 3 AM. Upon investigation focused on possible cross contamination with raw chicken wings and ready to eat wings. (Wings are cooked using a timer so no issue with possible undercooked wings.) Procedures in place to ensure no cross contamination (1 person handles walk-in door where raw wings are stored) however the date of incident PIC said they were unusually busy so there is no way of knowing if procedures may have been lax that day due to increased business the staff was not prepared for. Other violations were found and cited. Information provided at the Burlington Board of Health food code training need to be reviewed and shared with all managers as most of the violations are specific to those food code changes.

Signature of Person-In-Chargo: Denis Skorik

Date: 07/24/2019

Signature of Inspector: Marlene Johnson

Date: 07/24/2019



61 Center Street
Burlington, MA 01803
Tel: 781-270-1955 Fax: 781-273-7687



Board of Health Investigation Form

Type of Investigation:	Suspect	[]]	<u>lness</u>	Date:	7/23/20	019	
Location of Incident:	Buffalo	W	ild Wings		Taken	by: <u>Sa</u>	rah Courtemanche
Description of Incident:	Suspect	foo	odborne illne	ss on 07	//21/19.		
Information Received From:		<u>Co</u>	mplainant				
Logged in Database: ⊠ Ye	es		No				
To be Completed by Inspector	or .						
Initial Inspection Completed	:	X	Yes	□ No		Date:	7/24/2019
Order Letter Sent:		X	Yes	□ No		Date:	7/24/2019
Re-Inspection:		\boxtimes	Yes	□ No		Date:	8/1/2019
Inspector Name:	Marlene	: Jo	ohnson				
Inspector Notes: <u>Investi</u>	gation co	nc	lucted, see a	nttached	inspec	tion re	port.
Compliance/Completion Date	e; <u></u>	3/1	/2019				
Outcome Logged in Database	e: [X	Yes	□ No			

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

	Name: Buffalo Wild Wings Di				Date	ate 08/01/2019		Type of Operation(s):		Type of Inspection:		
Address: 15 South Ave., BURLINGTON, MA 01803					Risk	κL	evel			☐ Routine ☐ Re-Inspection		
Telephone: (781) 365-1907					2	Residential: Co	ttage Foods	□ P:	e-operation a			
					PN	☐ Mobile/Pushcar	t	☐ Illness Investigation ☐ General Complaint				
			Time	<u> </u>		☐ Temporary Foo ☐ Other	d Estab.	_	ACCP ther			
		in:	_	10:35 AM								
inspector, manerie somison				Out	•	: 11:00 AM						
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29): Number of Violated Provisions Related to Number of R Foodborne II Interventions			e Iline	e55	ses Risk Fact	tors and	0 Dat	te of I	Re-Inspect	ion:		
· FOODBORNE ILL	NES	S RIS	SK FA	CTC	ors	Α	ND PUBLI	C HEALTH INT	ERVENTION	IS		
IN = in compliance OUT = out of compliance						101	applicable C	OS = corrected on-s			R = repeat vic	
Compliance Status	IN	TUO	N/A N/O	0 00	SR	-		Compliance Status			OUT N/A N/C	cos
Supervision				_	_	_		``	from Contami	nation	1	
Person-in-charge present, demonstrates knowledge and performs duties	IN	OUT				1	1	ated and protected		-	OUT N/A N/C	
Certified Food Protection Manager	IN	OUT	N/A			116		osition of returned,		(IN)	OUT N/A	-
Employee Health						17	served, rec	onditioned & unsaf	e food	IN I	OUT	
Management, food employee and conditional employee; knowledge, responsibilities and		OUT				L	1, 1,	Time/Tempera		or Saf	ety	*.
reporting		001				_		king time & temper.		IN (O/N A/N TUC	
Proper use of restriction and exclusion	ИI	OUT				-		eating procedures f		IN (OVN AVN TUC	
Procedures for responding to vomiting and diarrheal events	(N)	OUT				\vdash		ing time and tempe		-	OVA AVA TUC	
Good Hygienic Practi	rae			_	1	Ή	-	holding temperatur		1	OVA N/O	
Proper eating, tasting, drinking or tobacco	\top			Т	Т	-		holding temperatu			OVA AVA TUC	
use	IN	OUT	N/O	_		┢		marking and disponding the marking and disponding marking marki		-	OVA AVA TUC	
No discharge from eyes, nose and mouth		OUT	N/O			4.1	Time as a r		mor Advisory		JO1 14/A 14/O	<u> </u>
Preventing Contamination I	by Ha	nds				-	Consumer	advisory provided for				'
Hands clean & properly washed	IN	OUT	N/O	+	Ш	25	raw/underco		JI	IN C	DUT N/A	
No bare hand contact with ready-to-eat food	IN	OUT N	N/A N/O		\square	<u> </u>		Highly Susc	eptible Popula	tions		
Adequate handwashing sinks, properly supplied and accessible	IN	OUT				26	Pasteurized offered	foods used, prohib	oited foods not	IN C	AW TUC	
Approved Source	-					-	F	ood/Color Additiv	es and Toxic	Subs	ances .	,
Food obtained from approved source	IN	OUT				27	Food additiv	res: approved & pro	operly used	IN C	DUT N/A	
Food received at proper temperature	IN	4 TUO	1/A N/O	_		28	Toxic substa	ances properly ider	tified, stored &	IN C	DUT N/A	
Food received in good condition, safe & unadulterated	IM	OUT					, , ,	Conformance wit	h Approved P	roced	ures	
Required records available: shellstock tags, parasite destruction	IN	OUT N	I/A N/O			29	Compilance	with variance/spec			UT N/A	
ficial Order for Correction: Based on an insp the 2013 FDA Food Code. This report, when ilure to correct violations cited in this report ablishment operations. If you are subject to a aring before the board of health in accordance	sign rt ma a noti	ed bek y resu ice of a	ow by a alt in s suspen	a Bo uspei sion,	ard o nsior revo	of H	d "OUT" indic lealth member revocation	ated violations of 1 per or its agent cor of the food esta	nstitutes an ord iblishment peri	der of mit an	the Board of	of Hea
and a solution are about of ficulty in accordance		^	~	_								
gnature of Person-in-Charge: Brad Hodgson		~^								Date	: 08/01/2019)

_51	ablishment: Buffalo Wild Wings						age 2 of	_3_
						ACHUSETTS - ONLY SECTIONS		1 311
Ai	n "X" in box indicates numbered item is not in complianco. An			_	box			
	Compliance Status	OUT	cos	R		Compliance Status	OUT	cos
	Safe Food and Water					Utensils, Equipment and Vending		
30	Pasteurized eggs used where required			_	48	Warewashing facilities: installed, maintained & used test strips	d;	
31	Water & ice from approved source				49	Non-food contact surfaces clean		
32	Variance obtained for specialized processing methods					Physical Facilities		
	Food Temperature Control				50	Hot & cold water available; adequate pressure		
	Proper cooling methods used; adequate equipment				51	Plumbing installed; proper backflow devices		
33	for temperature control				52	Sewage & waste water properly disposed		
34	Plant food properly cooked for hot holding				53	Toilet facilities: properly constructed, supplied & cleaned		
35	Approved thawing methods used				54	Garbage & refuse properly disposed; facilities		
36	Thermometers provided & accurate					maintained		
	Food Identification				55	Physical facilities installed, maintained & clean		
37	Food properly labeled; original container				56	Adequate ventilation & lightling; designated areas used		
	Prevention of Food Contamination		:	\Box		Additional Requirements listed in 105 CMR	590.011	
38	Insects, rodents & animals not present				M1	Anti-choking procedure in food service establishments		
39	Contamination prevented during food preparation, storage and display				M2	Food allergy awareness		
40	Personal cleanliness			\dashv		Review of Retall Operations listed in 105 5	90.010	-
41	Wiping cloths: properly used & stored		-	\dashv	МЗ	Calerer		
				\dashv	M4	Mobile Food Operation		
42	Washing fruits & vegelables		Ll		M5	Temporary Food Establishment		
	Proper Use of Utensils			—[М6	Public Market; Farmers Market		
43	In-use utensils properly stored			_[M7	Residential Kitchen; Bed-and-Breakfast Operation		
44	Utensils, equipment & linens: properly stored, dried & handled				M8	Residential Kitchen: Coltage Food Operation		
	Single-use/single-service articles: properly stored &		\vdash	\neg	М9	School Kitchen; USDA Nutrition Program		
45	used			_		Leased Commercial Kitchen		
46	Givoes used properly				M11	Innovative Operation		
	Utensils, Equipment and Vending	1				Local Regulrements		,
47	Food & non-food contact surfaces cleanable, properly				L1	CFPM open to close		
	designed, constructed & used				L2	Grease Trap Regulations	1	

Signature of Person-in-Charge: Brad Hodgson	Date: 08/01/2019
Signature of Inspector, Marlene Johnson	Date: 08/01/2019

Establishment: Buffalo Wild Wings			Date: 08/0	Page 3 of 3	
t		TEMPERATURE OBSER	VATIONS		/ :
Item/Location	Temp	Item/Location	Temp	Item/Location	Tem
Item Section of Gode	<u></u>	Desc	ription of Violation		
Discussion with Person in Ch	orana Alludoloticas				
Discussion with Person-in-Ch	arge: All violations of	corrected.			
Signature of Person-In-Charge: B	rad Hodgson /v~	~~~		Da	ate: 08/01/2019

BUFFALO WILD WINGS®

FOOD SAFETY



FOOD HANDLERS MUST ALWAYS WEAR GLOVES.

THERE ARE TWO TYPES OF VINYL GLOVES, WHITE OLOVES AND

YELLOW GLOVES ARE <u>ONLY USED</u> WHEN HANDLING RAW CHICKEN AND ARE AN IMPORTANT PART OF PREVENTING CROSS-CONTAMINATION. GLOVE RECEPTACLES OUTSIDE OF THE WING COOLER MUST ALWAYS BE STOCKED WITH YELLOW VINYL GLOVES.

WING DROPPER



PUT ON YELLOW GLOVES



RETREIVES WING DROP FROM COOLER



DROP WINGS RETURN TO IN FRY BASKET WING COOLER



RETURN TRANSFER BUCKET AND COVER WINGS



REMOVE GLOVES AND WASH HANDS

THE BUDDY



BUDDY DROPS FRY BASKET INTO FRYER BUDDY OPENS WING COOLER DOOR

WING DROPPER

- 1. Washes hands
- Takes the yellow vinyl gloves inside the cooler and puts them on inside; this helps avoid contamination to the gloves from contact with the door handle
- 3. Scoops pre-drained wings into the transfer pan
- Backs out of the cooler avoid gloved hand contact with the doors and handles to prevent cross-contamination
- 5. Places the wings into fryer basket: 2/3 full
- Staggers wings In every other basket depending on the amount of wings needed. This ensures dropped wing baskets do not impact the same shortening vat Asks Buddy to drop wings
- Asks Buddy to open door to get back into the wing cooler
- Cover wings, place scoop Inside transfer pan and set on top of wing cover
- Takes off gloves and discards them in the yellow trash can inside the wing cooler
- 10. Exils, washes hands and replaces white vinyl gloves to continue working in the station

THE BUDDY

- Lowers the wings into the fryer and sets the timers. This prevents the potential for cross-contamination of raw chicken blood/product to various equipment
- 2. Opens the wing cooler from the outside to let the "Wing Dropper" back in the wing cooler

FOOD SAFETY

Wing drops have the most potential for food safety issues in the Chip/Shake station. Raw poultry must be handled carefully and follow strict procedures. By following the Standard Operating Procedures around wing drops and the handling of raw poultry, we can prevent our Guests and Team Members from coming in contact with potentially contaminated chicken.



61 Center Street
Burlington, MA 01803
Tel: 781-270-1955 Fax: 781-273-7687



Board of Health Investigation Form

Type of Investigation:	Food Establ	lishment	Datc:	019		
Location of Incident:	Buffalo Wil	ld Wings	Taken	cen by: <u>Cathy Piccolo</u>		
Description of Incident: to a manager/employee. "W and the dining side to the right booth on the right side, I wa one, and the mouse was corbooths are numbered, I believed.	hen you walk ght. We were s seated in th ning from the	into the restation the dining some booth again booth right o	urant, the ide on the st the win n the othe	ere is the eright. dow ad er side o	There is a corner jacent to the corner of the corner booth. All	
Information Received From:	Con	nplainant				
Logged in Database: 🛛 Ye	es 🗆 N	lo				
To be Completed by Inspecto	<u>or</u>					
Initial Inspection Completed	: 🗵	Yes 🗆 1	40	Date:	9/4/2019	
Order Letter Sent:		Ycs 🖾 1	۷o	Datc:	n/a	
Re-Inspection:		Yes 🖾 1	Йo	Date:	n/a	
Inspector Name:	Marlene Joh	nson				
Inspector Notes: <u>Invest</u>	gation condu	cted, see attac	icd report	<u>•</u>		
Compliance/Completion Dat	e: <u>9/4/2</u>	2019				
Outcome Logged in Database	e: 🛛 🖔	∕es □ì	٧o			

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

Food Establishment Inspecti	on Report					
Name: Buffalo Wild Wings		Date	Date 09/04/2019		Typo of Operation(s):	Type of Inspection:
Address: 15 South Ave., BURLINGTON, MA (11803	Risi	Risk Level			☐ Routine ☐ Re-inspection
Telephone: (781) 365-1907 Owner: Pat Lennox				2	Residential: Cottage Foods Residential: Bed & Breakfast	☐ Pre-operational ☐ Illness Investigation
			CCF	⊃ N	☐ Mobile/Pushcart ☐ Temporary Food Estab.	☐ General Complaint ☐ HACCP
Person-in-Charge: Jason Lane		Time	-	10:00 AM	Other	Other
inspector: Marlene Johnson		Out		10:30 AM		
Foodborne Illnesses Risk Factors and U Foodborn			ess	at Violations F ses Risk Fact ms 1 though 2	tors and	te of Re-Inspection:
FOODBORNE ILL	NESS RISK FACT	ORS	Al	ND PUBLI	C HEALTH INTERVENTION	IS ·
IN = in compliance OUT = out of compliance	N/O = not observed N	I/A = r	ot a	applicable C	OS = corrected on-site during Inspec	tion R = repeal violation
Compliance Status	IN OUT N/A N/O CO)S R			Compliance Status	IN OUT N/A N/O COS R
Supervision					Protection from Contami	nation
Person-in-charge present, demonstrates knowledge and performs duties	IN OUT		-		rated and protected	IN OUT N/A N/O
2 Certified Food Protection Manager	IN OUT N/A		16		ct surfaces: cleaned & sanitized	IN OUT N/A
Employee Health		7.	17		onditioned & unsafe food	IN OUT
Management, food employee and conditional employee; knowledge, responsibilities and	IN OUT				Time/Temperature Control:fo	or Safety
reporting	111 001		-		king time & temperatures	IN OUT N/A N/O
4 Proper use of restriction and exclusion	IN OUT		\vdash		eating procedures for hot holding	IN OUT N/A N/O
Procedures for responding to vomiting and diarrheal events	IN OUT		-	-	ing time and temperature	IN OUT N/A N/O
Good Hygienic Practices			1—1	1 Proper hot holding temperature IN OUT N/A N/O		
Propos enting tenting deleting as talken as		_	ш		holding temperature	IN OUT N/A N/O
use	IN OUT N/O		\vdash		marking and disposition Public Health Control	IN OUT N/A N/O
7 No discharge from eyes, nose and mouth	IN OUT N/O		27	Time as a r	Consumer Advisory	IN OUT N/A N/O
Preventing Contamination b	y Hands .			Consumore	advisory provided for	T
8 Hands clean & properly washed	IN OUT N/O		25	raw/underco		IN OUT N/A
9 No bare hand contact with ready-to-eat food	IN OUT N/A N/O	$\perp \!\!\! \perp \!\!\! \perp$			Highly Susceptible Popula	ations
Adequate handwashing sinks, properly supplied and accessible	IN OUT		26	Pasteurized offered	foods used, prohibited foods not	IN OUT N/A
Approved Source				F	ood/Color Additives and Toxic	Substances
1 Food obtained from approved source	IN OUT		27	Food additiv	es: approved & properly used	IN OUT N/A
2 Food received at proper temperature	IN OUT N/A N/O			Toxic substa	ances properly identified, stored &	IN OUT N/A
Food received in good condition, safe & unadulterated	IN OUT				Conformance with Approved P	
Required records available: shellstock tags, parasite destruction	IN OUT N/A N/O				with variance/specialized	IN OUT N/A
fficial Order for Correction: Based on an inspirithe 2013 FDA Food Code. This report, when ailure to correct violations cited in this report stablishment operations. If you are subject to a paring before the board of health in accordance of the stablishment operations.	signed below by a Bo may result in suspe notice of suspension with 105 CMR 590.015	pard of ension revo	ked of H	l "OUT" indic dealth memb	pated violations of 105 CMR 590,0 per or its agent constitutes an ord	der of the Board of Health
Signature of Person-in-Charge: Jason Lane آثارية Signature of Inspector: Marlene Johnson						Date: 09/04/2019
ignature of Inspector: Marlene Johnson	Albert Advasor		_			Date: 09/04/2019

30	"X" in box indicates numbered Item is not in compliance. An Compliance Status Safe Food and Water	"X" in a				ACHUSETTS - ONLY SECTIONS			
30	Compliance Status		pprop	with the Room					
31		OLUT	1		box		,		_
31	Safe Food and Water	OUT	cos	R		Compliance Status	OUT	cos	L
31					_	Utensils, Equipment and Vending			-
	Pasteurized eggs used where required		-		48	Warewashing facilities: installed, maintained & used; test strips			
	Water & ice from approved source		-	_	49	Non-food contact surfaces clean			
	Variance obtained for specialized processing methods					Physical Facilities	: 1		
——.	Food Temperature Control			L	50	Hot & cold water available; adequate pressure			
-	Proper cooling methods used; adequate equipment				51	Plumbing installed; proper backflow devices			
33	for temperature control				52	Sewage & waste water properly disposed			
34	Plant food properly cooked for hot holding				53	Toilet facilities: properly constructed, supplied & cleaned			
	Approved thawing methods used				54	Garbage & refuse properly disposed; facilities maintained			Ī
36	Thermometers provided & accurate				55	Physical facilities installed, maintained & clean		_	r
	Food Identification					Adequate ventilation & lightling; designated areas			-
37 I	Food properly labeled; original container				56	used			ĺ
	Prevention of Food Contamination				-	Additional Requirements listed in 105 CMR 5	90.011		_
	nsects, rodents & animals not present				M1	Anti-choking procedure in food service establishments			
	Contamination prevented during food preparation.				M2	Food allergy awareness			-
-	Personal deanliness					Review of Retail Operations tisted in 105 590	0.010		
-				-	МЗ	Caterer			Ī
	Wiping cloths: properly used & stored				M4	Mobile Food Operation			Ī
42 V	Washing fruits & vegetables				M5	Temporary Food Establishment			ſ
_	Proper Use of Utensils				M6	Public Market; Farmers Market			
43 1	n-use utensils properly stored				M7	Residential Kitchen; Bed-and-Breakfast Operation			
	Utensils, equipment & linens: properly stored, dried & nandled			Ì	M8	Residential Kitchen: Cottage Food Operation			
				-[М9	School Kitchen; USDA Nutrition Program			Ī
	Single-use/single-service articles: properly stored & lised				M10	Leased Commercial Kitchen			Ī
16	Givoes used properly				M11	Innovative Operation			
	Utensils, Equipment and Vending					· Local Requirements			
17 F	Food & non-food contact surfaces cleanable, properly				L1	CFPM open to close		_	_
C	designed, constructed & used					Grease Trap Regulations			_
lgne	nture of Person-in-Charge: Jason Lane	س				Date: 09	/04/2019		-
ians	ature of Inspector: Marlene Johnson	g.h.	<u> </u>		_	Date: 09	/04/2019		_

Establish	hment: Buffalo Wild Wi	ngs		Date: 09/0	04/2019	Page 3 of 3		
	1-0	1	TEMPERATURE OBSER	VATIONS				
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp		
Item Number	Section of Code		Desc	ription of Violation				

Discussion with Person-in-Charge: On 8/30/19 a customer notified the health dept. that he saw a mouse on 8/29/19 at closing time in the dining room. It was not reported management. Upon investigation this day I reviewed complaint with the PIC. PIC received a customer complaint at well and pest control was contacted and provided service on 8/30/19 after close and follow up on 8/31/19 early morning, 2 mice were caught. I inspected the food preparation and food storage areas for evidence of mice infestation or contamination, none found. I reviewed the last 2 pest control service reports with the PIC. Regular pest control service is provided. I discussed with PIC that management needs to review pest control reports and act on all recommendations noted on the report.

Signature of Person-in-Charge: Jason Lane	Date: 09/04/2019
Signature of Inspector; Marlene Johnson	Date: 09/04/2019



Public Health Prevent. Promote. Protect.

61 Center Street
Burlington, MA 01803
Tel: 781-270-1955 Fax: 781-273-7687

Board of Health Investigation Form

Type of Investigation:	Food Establishment	Date:	11/1/2	019				
Location of Incident:	Buffalo Wild Wings	Taken	by: <u>Ca</u>	thy Piccolo				
Description of Incident: informed at the time.	Received undercooke	d wings on 10/	31/19 ~	8pm, manager				
Information Received From:	Complainant							
Logged in Database: 🛛 Ye	s 🗆 No							
To be Completed by Inspector								
Initial Inspection Completed:	⊠ Yes	□ No	Date:	11/5/2019				
Order Letter Sent:	☐ Yes	⊠ No	Date:	n/a				
Re-Inspection:	☐ Yes	⊠ No	Date:	n/a				
Inspector Name:	Marlene Johnson							
Inspector Notes: <u>Investi</u>	gation conducted, see	attached report.						
Compliance/Completion Date	11/5/2019							
Outcome Logged in Database	∷ ⊠ Yes	□ No						

61 Center Street, Burlington, MA 01803 Ph: 781-270-1955 • Fax: 781-273-7687

Name: Buffalo Wild Wings	on Report		Data	11/05/2010			
			Date 11/05/2019		Type of Operation(s).		
Address: 15 South Ave., BURLINGTON, MA 01803			Risk Level				
Telephone: (781) 365-1907				2	Residential: Coltage Foods Pre-operational		
					Residential: Bed & Breakfast Illness investigation		
Owner: Pat Lennox			HACCP N		☐ Mobile/Pushcart ☐ General Complaint ☐ Temporary Food Estab. ☐ HACCP		
Person-In-Charge: Denis Skorik			Time In: 2:00 PM Out: 2:30 PM		Other Other		
Inspector: Marlene Johnson							
Number of Viotated Provisions Related to	Nur	mber of	Ren	eat Violation	ns Related to Date of Re-Inspection:		
Foodborne Illnesses Risk Factors and Foodborn			lline	esses Risk F tems 1 thoug	actors and		
FOODBORNE ILLI	NESS RISK F	ACTO	RS	AND PUE	LIC HEALTH INTERVENTIONS		
IN = in compliance OUT = out of compliance	N/O = not observ	ed N/	4 = n	ot applicable	COS = corrected on-site during inspection R = repeat violation		
Compliance Status	IN OUT N/A	WO COS	R		Compliance Status IN OUT N/A N/O COS F		
Supervision				Protection from Contamination			
Person-in-charge present, demonstrates knowledge and performs duties	IN OUT				parated and protected IN OUT N/A N/O		
2 Certified Food Protection Manager	IN OUT N/A				ntact surfaces: cleaned & sanitized IN OUT N/A		
Employee Health				Proper disposition of returned, previously served, reconditioned & unsafe food			
Management, food employee and conditional a employee; knowledge, responsibilities and	nployee; knowledge, responsibilities and IN OUT				Time/Temperature Control for Safety		
reporting					ooking time & temperatures IN OUT N/A N/O		
4 Proper use of restriction and exclusion	IN OUT				eheating procedures for hot holding IN OUT N/A N/O		
Procedures for responding to vomiting and diarrheal events	IN OUT				ooling time and temperature IN OUT N/A N/O		
Good Hygienic Practices			4	21 Proper hot holding temperature IN OUT N/A N/O 22 Proper cold holding lemperature IN OUT N/A N/O			
Proper acting testing drinking or takens	oper eating, testing, drinking or tobacco		1				
use	N TUO NI	1/0	1 1		ate marking and disposition IN OUT N/A N/O a Public Health Control IN OUT N/A N/O		
No discharge from eyes, nose and mouth		1/0	Ш	24 11116 85	<u></u>		
Preventing Contamination by	y Hands			10	Consumer Advisory		
8 Hands clean & properly washed	IN OUT N	/0		25 raw/unde	er advisory provided for ercooked food IN OUT N/A		
No bare hand contact with ready-to-eat food	IN OUT NA N	/0			Highly Susceptible Populations		
Adequate handwashing sinks, properly supplied and accessible	IN OUT			26 Pasteuriz	zed foods used, prohibited foods not IN OUT N/A		
Approved Source					Food/Color Additives and Toxic Substances		
1 Food obtained from approved source	IN OUT			27 Food add	ditives: approved & properly used IN OUT N/A		
2 Food received at proper temperature	IN OUT N/A N	10			ostances properly identified, stored & IN OUT N/A		
Food received in good condition, safe & unadulterated	IN OUT		-	used	Conformance with Approved Procedures		
Required records available: shellstock tags, parasite destruction	IN OUT N/A N/	0			nce with variance/specialized		
ffictat Order for Correction: Based on an inspet the 2013 FDA Food Code. This report, when allure to correct violations cited in this report stablishment operations, tf you are subject to a paring before the board of health in accordance v	ection today, the signed below be may resull in notice of suspending to with 105 CMR 5	e items y a Boa susper ension, 90.015(mark ard on sion revo B).	process/lined "OUT" in If Health me or revocation, or n	HACCP plan IN OUT N/A Indicated violations of 105 CMR 590,000 and applicable sections of the Board of Health alon of the food establishment permit and cessation of food on-renewal pursuant to 105 CMR 590,000 you may request a		
ignature of Person-In-Charge: Denis Skorik	rlene John				Date: 11/05/2019		
Ignature of Inspector: Marlene Johnson	rlane Arh	/~~~~			Date: 11/05/2019		
PH connet form - 10/5/19 years less							

Establishment Duff-to Maliforn					D / 44/05/2010	0 0		_
Establishment: Buffaio Wild Wings	-12		4= 4			age 2 of	3	
An "X" in box Indicates numbered Item is not in compliance, An					ACHUSETTS - ONLY SECTIONS	= reneat v	violatio	on
Compliance Status	OUT	cos		DOA I	Compliance Status	OUT	cos	-
Safe Food and Water				Utensils, Equipment and Vending				1
30 Pasteurized eggs used where required				48	Warewashing facilities: Installed, maintained & used	;		Τ
31 Water & ice from approved source					test strips		\perp	ļ
Variance obtained for specialized processing			\vdash	49 Non-food contact surfaces clean				L
methods			-	Physical Facilities			_	
Food Temperature Control			-	50				╁
Proper cooling methods used; adequate equipment for temperature control				51 52	Plumbing Installed; proper backflow devices Sewage & waste water properly disposed	-	-	H
34 Plant food properly cooked for hot holding				53	Toilet facilities: properly constructed, supplied & cleaned			T
35 Approved thawing methods used				Garbage & refuse properly disposed; facilities			1	t
36 Thermometers provided & accurate			Ŀ	55	maintained Physical facilities installed, maintained & clean		+	+
· Food Identification			_	-	Adequate ventilation & lightling; designated areas	-		╀
Food properly labeled; original container				56	used			
Prevention of Food Contamination					Additional Requirements listed in 105 CMR	590.011		
38 Insects, rodents & animals not present				M1	Anti-choking procedure in food service			T
Contamination prevented during food preparation, storage and display				M2 Food allergy awareness				
40 Personal cleanliness					Review of Retail Operations listed in 105 5	90.010		_
41 Wiping cloths: properly used & stored		1	7	М3	Ceterer	_		
42 Washing fruits & vegetables		1	_		Mobile Food Operation			
Proper Use of Utensils			—	M5	Temporary Food Establishment			L
43 In-use utensils properly stored			_	M6	Public Market; Farmers Market			
		-	4	M7	Residential Kitchen; Bed-and-Breakfast Operation			
144 Otensiis, equipment & linens: properly stored, dried & handled	Utensils, equipment & linens: properly stored, dried & handled				Residential Kitchen: Cottage Food Operation		_	L
Single-use/single-service articles: properly stored &			l ⊢		School Kitchen; USDA Nutrition Program Leased Commercial Kitchen	-	-	\perp
used	-	+-			Innovative Operation	-	+	╁
16 Givoes used properly				19111	Local Requirements		٠	L
Utensils, Equipment and Vending		,,	_	L1	CFPM open to close		T	Т
Food & non-food contact surfaces cleanable, properly designed, constructed & used					Grease Trap Regulations		-	+
ignature of Person-In-Charge: Denis Skorik					Date: '	1/05/201	9	

Signature of Person-In-Charge: Denis Skorik

Signature of Inspector: Merlene Johnson

MOPH report form - 10/5/18 version

Date: 11/05/2019

Establish	nment: Buffalo Wild Wir	ngs	Date: 11/0	5/2019	Page 3 of 3	
			TEMPERATURE OBSER	VATIONS		
	Item/Location Chicken/Fryer	Temp 210F°F	Item/Location Chicken/Fryer	Temp 212F°F	Item/Location	Temp
Item Number	Section of Code		Desc	ription of Violation		

Discussion with Person-In-Charge: Customer said on 10/31/19 ~ 8:00 PM received an order of chicken wings that were undercooked. He spoke to the manager that evening. Upon investigation this day, I asked the PIC to explain and demonstrate the cooking procedure of the wings. Wings are placed into a fryer (preset at 350F) and a timer is used (12 minutes). Once the timer is done, wings sit in basket for 15 or so seconds then are placed in bowl and sauce is added. The final cook temperature of the wings was 210F-212F (In compliance)today. No violations found with the cooking procedures as long as they are followed consistently.

Signature of Person-in-Charge: Denis Skorik	Date: 11/05/2019
Signature of Inspector: Marlene Johnson	Date: 11/05/2019